

7/26/10

7

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Steven L. Ledoux
Town Manager

June 28, 2010

The Acton Beacon:
Atten: Barbara

Please place the following Legal **Notice** in the Thursday, July 1, 2010 edition of the Acton Beacon in the Legal Section. *Please send bill to:*

Philip Pagano
60 Wildwood Road
Stow, MA 01775
(978-568-0123)

Very truly yours,

Christine M. Joyce
Town Manager's Office

Please confirm receipt to: Christine cjoyce@acton-ma.gov

Town of Acton
Notice of Hearing

Notice is hereby given under Chapter 138 of the General Laws, that the Board of Selectmen will hold a hearing in the Francis Faulkner Room in the Acton Town Hall on July 26, 2010 at 8:45 P.M. on the application of Pagren LLC, d/b/a Red White and Brew, 578 Massachusetts Ave, Acton, Philip A. Pagano, President and Manager, for the transfer of a Beer and Wine Liquor license from West Acton Market Inc. to Pagren LLC. Application is on file in the Selectmen's Office and may be viewed during normal working hours.

ACTON BOARD OF SELECTMEN

{blankabc.Doc.}

TOWN OF ACTON
472 Main Street
Acton, Massachusetts, 01720
Telephone (978) 264-9612
Fax (978) 264-9630

Steven L. Ledoux
Town Manager

June 28, 2010

Mr. Philip Pagano
60 Wildwood Road
Stow, MA

Dear Mr. Pagano:

Enclosed please find a copy of advertisement to appear in the Acton Beacon on Thursday, July 1st, 2010, at your expense.

The ABCC requires the time and date of such hearing for a change to a Liquor License be placed in the local newspaper. Your hearing is scheduled July 26, 2010 at 8:45 p.m. in Room 204 of the Acton Town Hall. If you have any questions prior to that date, please feel free to call me at 929-6513.

Very truly yours,



Christine M. Joyce
Town Manager's Office

cc: File
{blankabc.Doc.}

Town Manager's Office

INTERDEPARTMENTAL COMMUNICATION

Date: June 28, 2010

To: Board of Health, Building Comm., Police & Fire Chiefs, and Tax Collector

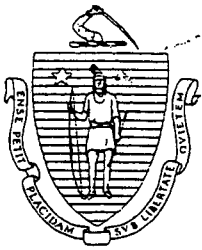
From: Christine Joyce, Town Manager's Office

Subject: Transfer of Liquor License, West Acton Market to Pagren LLC., 578
Massachusetts Ave.

Enclosed please find a copy of the application for a Transfer for your comments.

The public hearing is scheduled for July 26, 2010, 8:45 p.m.

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The Commonwealth of Massachusetts
The Alcoholic Beverages Control Commission
239 Causeway Street, Suite 200
Boston, MA 02114

Telephone: 617-727-3040
FAX: 617-727-1258

FORM A
LICENSEE PERSONAL INFORMATION SHEET

THIS FORM MUST BE COMPLETED FOR EACH:

- _____ A. NEW LICENSE APPLICANT
- _____ B. APPOINTMENT OR CHANGE OF MANAGER
IN A CORPORATION
- X C. TRANSFER OF LICENSE (RETAIL ONLY-SEC. 12 & SEC. 15)

(Please check which transaction is the subject of an application accompanying this Form A.)

PLEASE TYPE OR PRINT ALL INFORMATION

ALL QUESTIONS MUST BE ANSWERED AND TELEPHONE NUMBERS PROVIDED OR
APPLICATION WILL NOT BE ACCEPTED.

1. LICENSEE NAME PAGREIV LLC
(NAME AS IT WILL APPEAR ON THE LICENSE)
2. NAME OF (PROPOSED) MANAGER PHILIP PAGANO
3. SOCIAL SECURITY NUMBER 015-40-1230
4. HOME (STREET) ADDRESS 60 WILLOW RD. STOW, MA. 01775
5. AREA CODE AND TELEPHONE NUMBER (S): (Give both, your home telephone and a number at which you can be reached during the day).
- DAY TIME # 978-821-5732 HOME# 978-568-0123
6. PLACE OF BIRTH: LOWELL, MA. 7. DATE OF BIRTH: 1954
8. REGISTERED VOTER: ✓ YES _____ NO 8A. WHERE?: STOW, MA.
9. ARE YOU A U. S. CITIZEN: ✓ YES _____ NO
10. COURT AND DATE OF NATURALIZATION (IF APPLICABLE): _____
(Submit proof of citizenship and/or naturalization such as Voter's Certificate, Birth Certificate or Naturalization Papers)

(Over)

11. FATHER'S NAME: MARIO PAGANO 12. MOTHER'S MAIDEN NAME: ORISTRILARIS
13. IDENTIFY YOUR CRIMINAL RECORD, (Massachusetts, Military, any other State or Federal): ANY OTHER ARREST OR APPEARANCE IN CRIMINAL COURT CHARGED WITH A CRIMINAL OFFENSE REGARDLESS OF FINAL DISPOSITION:
____ YES ✓ NO (MUST CHECK EITHER YES OR NO)

IF YES, PLEASE DESCRIBE OFFENSE (S) SPECIFIC CHARGE AND DISPOSITION (FINE, PENALTY, ETC.)

14. PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: ____ YES ✓ NO
IF YES, PLEASE DESCRIBE:
- _____

15. FINANCIAL INTEREST, DIRECT OR INDIRECT, IN THIS OR ANY OTHER LIQUOR LICENSE, PERMIT OR CERTIFICATE: ✓ YES ____ NO

IF YES, PLEASE DESCRIBE: WILL BE OWNED / OPERATION OF STORE
100% OF INVESTMENT WILL COME FROM HOME EQUITY

16. EMPLOYMENT FOR THE LAST TEN YEARS (Dates, Position, Employer, Address and if known, Telephone Numbers):

TRAFFIC MANAGER IDEAL TAPE COMPANY 1400 NEEDLESTREET
LOWELL MA. 978-458-6833

17. HOURS PER WEEK TO BE SPENT ON THE LICENSED PREMISES: 40 TO 60

18. I HEREBY SWEAR THAT UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

BY: 
PROPOSED MANAGER SIGNATURE

6/29/2010
DATE

The Commonwealth of Massachusetts
ALCOHOLIC BEVERAGES CONTROL COMMISSION

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE FOR RETAIL SALE

City/Town: Acton

- ☐ New License ☐ Transfer of Stock ☐ Other _____
☒ Transfer of License ☐ New Officer/Director (Specify) _____

Name to appear on the License: <u>PAGREN LLC</u>	
Business Name (d/b/a), if different: <u>RED WHITE AND BREW</u>	
Manager of Record: <u>PHILIP A. PAGANO</u>	FID of Licensee: _____
Address of Premises; Street: <u>578 MASS AVE ACTON MA.</u> Zip Code: <u>01720</u>	
Phone Number of Premises: () _____	

2. Type of License: (check only one)

- | | | |
|---|---|--|
| <input type="checkbox"/> Club | <input checked="" type="checkbox"/> Package Store | <input type="checkbox"/> Veterans Club |
| <input type="checkbox"/> General On Premise | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Innholder | <input type="checkbox"/> Tavern | (Specify) _____ |

3. License Category:

- | | |
|---|---|
| <input type="checkbox"/> All Alcoholic | <input checked="" type="checkbox"/> Wine and Malt |
| <input type="checkbox"/> Malt only | <input type="checkbox"/> Wine only |
| <input type="checkbox"/> Wine and Malt with Cordials Permit | |

4. License Class:

- | | |
|--|-----------------------------------|
| <input checked="" type="checkbox"/> Annual | <input type="checkbox"/> Seasonal |
|--|-----------------------------------|

5. Person (attorney if applicable) who can be contacted concerning this application:

N/A

Name: <u>Philip Pagano</u>
Address: <u>586 mass Ave</u>
Phone Number: <u>9781821-5732</u>

6. Give a full and complete description of the premises to be licensed, including location of all entrances and exits:

2200 SQ ST RETAIL STORE
1 ENTRANCE FOR DELIVERYS IN REAR OF BUILDING
TWO ENTRANCES ON MA. AVE IN FRONT OF BUILDING

6a.

Seating Capacity: <u>N/A</u>	Occupancy Number: _____
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7. Applicant is an: ☐ Association ☐ Corporation ☐ Individual
 ☐ Partnership ☐ Non-profit Corporation

8. If Applicant is an Individual or Partnership: List for Individual or each Partner.

Full Name	Home Address	D.O.B.	
JILL REMOKE	60 WILLOWOOD ROAD STOW MA 01775	5/23/54	

- 8a. Is Individual or are all Partners United States Citizens? ☒ Yes ☐ No

If no, specify citizenship: _____

- 8b. Is Individual or are all Partners involved at least twenty-one years old? ☒ Yes ☐ No

9. If the Applicant is a Corporation, complete the following: (LLC)

State of Incorporation: <u>MA.</u>	Date of Incorporation: <u>FEB/2010</u>
Fiscal Year Ends:	Date qualified to do business in MA:

9a. How many Shares of Stock are authorized? _____ How many Shares of Stock are issued? _____

Provide in the box below the names of all Officers, Directors, Stockholders and Manager.

Use * to indicate Director

Title	Full Name	Home Address	D.O.B.	SSN	Shares of Stock Owned or Controlled
<u>MGR</u>	<u>PHILIP PAGANI</u>	<u>60 WILLOW RD STOW MA</u>	<u>2/20/54</u>		
	<u>JILL REYNICK</u>	<u>60 WILLOW RD STOW MA</u>	<u>5/23/52</u>		

9b. Attach a copy of the vote by the Board of Directors appointing a manager or principal representative.

9c. If the Applicant is a Corporation, answer the following questions:

1. Are the Majority of Directors United States Citizens? ☒ Yes ☐ No
2. Are the Majority of Directors Citizens of Massachusetts? ☒ Yes ☐ No
3. Is the Manager or Principal Representative a U.S. Citizen? ☒ Yes ☐ No

10. If the Applicant is an Association, provide in the box below the names of all Association Officers and Members.

Title	Full Name	Home Address	D.O.B.	SSN	Phone Number

11. Will there be any construction, remodeling, redecorating or building on the premises for this license? ☒ Yes ☐ No

(If yes, complete a, b, c, and d)

- a. Give an exact description of the construction, remodeling, redecorating or building on the premises: PAINT WALLS, ADD PLUMBING FOR SINK, ADD ELECTRICAL OUTLETS FOR COOLERS, REPLACE OLD COOLERS WITH NEW. REPLACE FRONT WINDOW AND DOORS
- b. What are the estimated costs? \$38,000
- c. What is the construction schedule? WAITING FOR BUILDING PERMIT
- d. State all sources of construction financing: HOME EQUITY LOAN FROM T.D. BANK

12. Do you own the premises? ☐ Yes ☒ No. If yes, please respond to the question below.

- ☐ As an individual ☐ Jointly _____ Name of Realty Trust

Name of Corporation
☐ Other _____
(specify)

(If you do not own the premises to be licensed, provide the following information about the Owner.)

Name: <u>FED TRUST / MARE FOSTER</u>	Phone Number: <u>(207) 653 0039</u>
Address: <u>PO BOX 1514 ARLINGTON MA 02474</u>	

12a. If a lease or rental, provide the following information: \$ 2593.50 per MONTH
(month, year, etc.)

Beginning Date of Lease 2/15/2010 Ending Date of Lease 2/15/2013
(provide a copy of the lease.)

FINANCIAL

13. What Assets were purchased and cost?

Equipment: \$	Furniture: \$	Goodwill: \$
Inventory: \$ 50,000	License: \$	Premise: \$

13a.

Total Purchase Price: \$ 120,000

Identify in the box below all sources of financing:

13b.

Mortgage: \$ HOME EQUITY LOAN / TD BANK	Seller: \$
Cash: \$	Other (specify): \$

Document all sources e.g., (Loan papers, checking accounts, stock sales, etc.)

13c.

All other terms and conditions:
(provide purchase and sale documents)

13d. Are you seeking approval for License to be pledged? ☐ Yes ☒ No

If yes, to whom? _____

13e. Will the Inventory be pledged? ☐ Yes ☒ No

If yes, specify to whom _____

13f. If a Corporation, are you seeking approval for any Corporate Stock to be pledged? ☐ Yes ☐ No

If yes, identify to whom and identify the number of shares to be pledged. _____

OWNERSHIP INTERESTS

14. State the following information for all persons or entities who will have any direct or indirect beneficial or financial interest in this license:

Full Name	Home Address	D.O.B.	SSN	Phone Number
PHILIP PAGAN	60 WILLOWOOD RD STOW MA 01725	2/20/54		508 0123
JILL RENWICK	60 WILLOWOOD RD STOW MA 01725	5/23/54		508 0123

14a. Describe all types of beneficial or financial interest each person or entity identified in Question 14 will have in this license:

Person or Entity	Beneficial or Financial Interest
PHILIP PAGAN	50 %
JILL RENWICK	50 %

14b. Does any person or entity listed in Question 14 have any direct or indirect beneficial or financial interest in any other license granted under Chapter 138?

☐ Yes ☒ No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Description of Interest

14c. Has any person or entity named in Question 14 ever held a license or a beneficial interest in a license issued under Chapter 138 which is not presently held? ☐ Yes ☒ No (If yes, provide the following for each person or entity.)

Name	Type of License	License Name and Address	Date ownership surrendered

14d. Describe how all licenses identified in Question 14c were terminated (e.g. transfer of ownership, non-renewal, surrender, etc.):

Date	License	Reason why the License was Terminated

14e. Has any person or entity named in Question 14 ever had a license suspended, revoked, or cancelled? ☐ Yes ☒ No (If yes, provide the following information):

Date	License	Reason why the License was suspended, revoked, or cancelled

14f. Has any person or entity named in Question 14 ever been convicted of violating any state, federal or military law? ☐ Yes ☒ No (If yes, attach a statement of details.)

15. a. Each Individual Applicant must sign.
b. Applications by a Partnership must be signed by a majority of the partners.
c. Applications by a Corporation must be signed by an officer authorized by a vote of the corporations Board of Directors.
d. Applications by an Association must be signed by a majority of the members of the governing body. All signers must have answered question 10.
e. False information or failure to disclose are reasons to revoke a license or deny a license application.

Signed and subscribed to under the penalty of perjury, this TWENTY THIRD day of JUNE 2010

By: Signature of Full Name

Title

Philip J. [Signature]
Jim J. [Signature]

OWNER/MANAGER
OWNER

APPLICATION FOR TRANSFER OF LIQUOR LICENSE

THE COMMONWEALTH OF MASSACHUSETTS

Town of Acton

June 24, 2010

TO THE LICENSING BOARD

The undersigned licensee, West Acton Market Inc.
respectfully petitions for the transfer of the wine and malt
(Class of license)
~~all alcoholic~~ beverages license now exercised by the said licensee on the premises located at
580 Massachusetts Ave., Acton MA 01720
to Parren LLC
whose address is 60 Wildwood Rd., Stow MA 01775

(If present licensee is a corporation, fill in the following paragraph.)

The said licensee is a corporation duly organized under the laws of the Commonwealth of Massachusetts, and its officers, directors and stockholders, their residences, and shares owned by each are as follows:

(NAME)	(ADDRESS)	(SHARES)
From: <u>Regina F Rotolante</u> President	<u>25 Center Crest Dr Tyngsboro</u> <u>MA 01879</u>	<u>100</u>
" <u>Treasurer</u>		
" <u>Clerk</u>		

(If proposed transferee is a corporation, fill in the following paragraph.)

The proposed transferee is a corporation duly organized under the laws of said Commonwealth and having a usual place of business in said....., and its officers, directors and stockholders, their residences, and shares owned by each are as follows:

(NAME)	(ADDRESS)	(SHARES)
To: <u>PHILIP PAGANO</u> President	<u>600 WILLOWOOD ROAD STOW MA</u>	<u>LLC</u>
<u>JILL RENWICK</u> Treasurer	<u>600 WILLOWOOD ROAD STOW MA 01775</u>	<u>LLC</u>
" <u>Clerk</u>		

The above named proposed transferee hereby joins in this petition for transfer of said license, and respectfully petitions the Board to grant such transfer.

Signature of Licensee.....
(If a corporation, by its authorized representative)

Signature of Proposed Transferee.....
(If a corporation, by its authorized representative)

POLICIES AND PROCEDURES CUSTOMER SERVICE/EMPLOYEE RESPONSIBILITIES

All employees are required to adhere to the following policies. Failure to do so will result in immediate dismissal. Errors in the following policy, which lead to accident, injury or material damage could result in loss of liquor license, and/or prosecution of the employee and management.

1. Any person who appears to be under the age of 30 must present valid ID. A Massachusetts driver's license, liquor ID, passport, or active military ID are the only acceptable forms of identification.

Ask customer to remove ID from wallet.

Determine validly by:

- a. Checking birth date
- b. Checking expiration date
- c. Compare photo with customer
- d. Examine lamination (torn, frayed, or damaged)
- e. Look at composition of ID (does it confirm to ID Book)
- f. Compare signature with ID signature
- g. Hold flashlight to back of ID to illuminate cuts or abrasions

Communicate with the Customer by asking questions such as:

- a. Street address
- b. Year he/she graduated from High School
- c. Astrological sign
- d. Social Security Number

If you still have reservations, request a second form of ID

IF YOU STILL HAVE DOUBTS, Don't Serve!!

2. If an underage person accompanies the customer, other than a family member, assume the purchase is being made for the underage party, and decline the sale. Do not allow any underage persons to handle alcohol while on the premises and do not allow under age persons to sit at the bar. Underage persons may sit in the lounge if they are accompanied by an adult family member. Monitor underage persons in the lounge to insure they are not being served by others.
3. Do not allow any customer to bring containers of alcoholic beverages into the lounge. Should this happen, confiscate the beverage and dispose of in the sink.

4. Monitor the consumption of beverages by persons on the premises and do not sell alcohol to an intoxicated person. Behavioral cues to identify intoxication are:

Loss of inhibitions, such as being over talkative, overly relaxed or overly friendly, loud behavior, mood swings.

Exhibiting poor judgment, behaving inappropriately, using foul language, and telling off color jokes.

Glassy, unfocused eyes, moving very slowly, forgetting things, losing train of thought, slurred speech.

Stumbling, swaying dropping belongings or having trouble handling items.

5. Document any outstanding incidents immediately and thoroughly. Documentation should include date and time, how you handled the situation, and the actions of the customer **(forms attached to this document)**.

Employee Name

Date

I have received instruction from store management and understand the policies and procedures of customer service/employee responsibilities. I have also received a copy of these procedures for my own records.

Employee signature

Date

Manager Signature

Date

Forms Attached to this policy:

Refusal of Service Report
Shut-Off Report

3/11/08

REFUSAL OF SERVICE REPORT

This report is to be used **ONLY** when a person comes into the establishment and you refuse to serve them any alcohol. This is not a shut-off report.

LOCATION: _____ **DATE:** _____

Report written by: _____ **TIME:** _____

Name of Patron: _____

Address of patron: _____

Description/Observation of patron: **Height:** _____ **Weight:** _____

Clothing worn by patron: Check off if known

Shirt type: Long sleeve _____ Short sleeve _____ **Color of shirt** _____ **Type of shirt**
i.e.) dress shirt, polo shirt, tee shirt, blouse _____

Pants type: Long _____ Shorts _____ Capri's _____ Other _____

Color of pants: _____ **Belt worn?** Y _____ N _____ Unknown _____

Socks and shoes if known: _____

Condition of clothes: (please check) disorderly _____ soiled _____ orderly _____ torn _____

Breath (alcohol odor) strong _____ Moderate _____ Faint _____ None _____

Attitude: polite _____ hilarious _____ talkative _____ carefree _____ sleepy _____ cocky _____
combative _____ indifferent _____ insulting _____ [profane _____ cooperative _____ Other _____

Unusual action: Belching _____ Vomiting _____ Fighting _____ Crying _____ Laughing _____
hiccupping _____ Other _____

Speech: Not understandable _____ mumbled _____ slurred _____ confused _____ thick-tongued _____
_____ accent _____ understandable _____ Other _____

Eyes: bloodshot _____ watery _____ glassy _____ fine _____ other _____

Complexion: flushed _____ pale _____ other _____

Indicate other unusual actions or statements, including when they were first observed:

STEPS TAKEN:

Patron's actions & comments on steps taken:

Refused the sale of alcohol _____

Offered non-alcoholic beverage _____

Offered food _____

Offered to call another party _____

Suggested /called a cab _____

Was patron alone? _____

Did the patron drive? _____

The facts recorded above are true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

Print Name: _____

Supervisor signature: _____ **Date:** _____

Print Name: _____

SHUT-OFF REPORT

Date: _____

Name of establishment _____

Name of customer _____

Id presented by customer (check one) drivers license ☐ passport ☐ non
drivers license/state or federally issued Id ☐ Military ☐ Other (name)
_____ Id number _____

Time of the day/night customer came into establishment _____

Time of shut-off _____

Reason for shut-off: _____

Steps taken: _____

Manager notified: _____

Signed: _____ Date: _____

Print name: _____

Manager on duty: _____

Christine Joyce

From: Frank Widmayer
Sent: Monday, July 12, 2010 9:36 AM
To: Christine Joyce
Subject: RE: Transfer of Beer and Wine Liquor License Red White and Brew, Mass Ave / West Acton Market, 578 Mass ave

I have reviewed the liquor license transfer requested on behalf of Red White & Brew.

I have no objection to the transfer of this license.

Frank J. Widmayer III
Chief of Police
978-263-2911

-----Original Message-----

From: Christine Joyce
Sent: Thursday, July 01, 2010 9:46 AM
To: Frank Widmayer; Robert Craig; Health Department; Collector Department; Building Department
Subject: Transfer of Beer and Wine Liquor License Red White and Brew, Mass Ave / West Acton Market, 578 Mass ave